

Power of Attorney for the transfer of one or more mobile phone numbers

The legal holder of the current provider's subscription contract must complete this Power of Attorney.

Customer data Company name Last name First name Street/no. Other address info ZIP/City	<input type="checkbox"/> Private customer <input type="checkbox"/> Mr. <input type="checkbox"/> Ms./Mrs. <input type="checkbox"/> Business customer _____ _____ _____ _____ _____	Power of Attorney no. (please leave blank) PoA-no.
Current provider	<input type="checkbox"/> Swisscom Mobile <input type="checkbox"/> Salt <input type="checkbox"/> Sunrise <input type="checkbox"/> Other _____	
I wish to change my telecommunications services provider and keep my mobile phone number(s)	<input type="checkbox"/> I wish to respect the contract duration with my current mobile operator. (The transfer may be requested no more than 270 days before the expiration of the contract.) Contract expiry date: _____ <input type="checkbox"/> I wish to leave my current provider without respecting the full contract duration and I accept having to pay any costs that this anticipated termination may incur. Requested transfer date: _____	
I wish to transfer the following number(s)	Phone* (must be completed) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____	Prepaid No.** <input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> yes
	<p>* In the case of companies, please include the list of numbers to be transferred with the names of the users. ** If you wish to transfer a prepaid number to a postpaid subscription, please confirm your request by entering in your mobile phone the prepaid transfer code of your current provider. This code may be obtained from the customer services department of your current provider.</p> <p>The exact date and time of the transfer will be communicated subsequently by Télésonique SA. The supply of services from my current provider will terminate on that date.</p>	
	<p>I acknowledge that this Power of Attorney serves to cancel my subscription with my current provider. Furthermore, I acknowledge that Télésonique SA cannot be held responsible in the event of my current provider refusing to accept the transfer of the said number(s).</p>	
I authorize Télésonique SA	<ul style="list-style-type: none"> ● to undertake the transfer from my current provider of the number(s) indicated above and (or) on the attached sheet, and ● to cancel my corresponding current contract(s). If the contract includes other services, the cancellation shall only apply to the part of the contract dealing with the number(s) indicated. <p>Authorised signatories (print in capitals)</p> <p>Last name, first name _____</p> <p>Signature _____</p> <p>Place and date _____</p>	